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Division	of Health Service R	egulation			FORM APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:		(X2) MULTI A. BUILDIN	(X3) DATE SURVEY COMPLETED		
		HAL092131	B. WING _	1100 1 681110	R 02/10/2016
NAME OF !	PROVIDER OR SUPPLIER	STREET A	ORESS, CITY	, SYATE, ZIP CODE	
PHOEND	X ASSISTED CARE	CARY, N	T HIGH 8TI C 27813	REET	
(X4) ID PREFIX TAG	(CACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION GROUD CROSS-REFERENCED TO THE APPROVIDER CROSS-REFERENCE	D BIR COMPLETE
(C 000)	Initial Comments		{C 000}		
	conducted by Greg February 10, 2016 Most of the previous been corrected how	a Biennial Follow-up Survey Cates and Billy S. Bryant on usly cited deficiencies have wever some deficiencies leted and require further			
(C 160)	Outside Premises-	Clean, Safe	(C 160)		
	<ol><li>The outside grade</li></ol>	PHYSICAL PLANT 105 PHYSICAL ents for outside premises are: bunds of new and existing aintained in a clean and safe			
	<ol> <li>Based on observ being maintained in</li> </ol>	et as evidenced by; ation the grounds are not a safe manner. This could to the facility to render s.		we have call 4 compan:	iea
	A. Finding on F	ebruary 10, 2015:		trying to get a estima	1
	lof where the a concrete pavin such that it ma	ere are areas of the parking ubgrade has falled and the g is badly deteriorated y not support heavy as a fire lighting apparatus.	1	in the last 4 weeks or 1 has came out and he not sent the estimate have 2 more companies coming to give me esti	has
(C 106)	Housekeeping-Mai	ntained Free of Hazards	(C 188)	when i get a completion	
	SECTION .0300 - 1 10A NCAC 13F .03	PHYSICAL PLANT 106 HOUSEKEEPING AND		date i will resend POO	2
	ealth Service Regulation	DER/SUPPLIER REPRESENTATIVES 316	NATURE	TITLE	(XB) (DALE)
- CONTRACTOR	SINCE FOR PROVI		illast.	Aller Michaelen	1-10-16
ATE FOR	ù	7.1	HATTE TOTAL	JQA822	If continuation sheet 1 of

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Division	Division of Health Service Regulation FORM APPROVED					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X8) DATE SURVEY COMPLETED		
				R 02/10/2016		
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY.	STATE, ZIF CODE	02/10/2010	
PHOEND	K ASSISTED CARE		T HIGH STR			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
(C 166)	Continued From pa	ge 1	{C 166}	7. 7. 4111	4	
	orderly manner, free hazards; (a) This Rule shell facilities. This Rule is not me	n an uncluttered, clean and e of all obstructions and apply to new and existing				
	without any restrain prevent them from to or are stored in imp that are not stored in otherwise restrained knocked over may p occupants of the fa-	ing device or other means to falling or being knocked over roper crates. Oxygen bottles in an oxygen bottle rack or d from falling or being present a danger to the				
	•			Crate has been remove	ed 2/11/16	
	atored in a soda	There exygen bottles storage crate.	2	The state of the s	2/11/10	
	mainteined free from hardware along res	ation the facility was in hazards due to door idents' path of travel that is s. This could effect the he path of travel.		•		
	A. Finding on 0	9/25/2015:				
	panic hardware	or Doors - The push bat end caps wore missing retal edges exposed on	1	put end cap on push b	ar 2/11/16	
(C 180)	Building Equipment	Maintained Safe, Operating	(C 189)			
	SECTION .0300 - F	PHYSICAL PLANT				
hideless of H	with Service Regulation					

JQA822

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Division of Health Service Regulation						APPROVID
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	E CONSTRUCTION : 01	(X3) DATE SURVEY COMPLETED		
		HAL092131	0. WING		02/1	₹ 0/2016
NAME OF PRO	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PHÒENIX A	ASSISTED CARE		HIGH STR			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION;	PREFIX TAG	PROVIDEN'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROVIDENCY)	5 BE	(X5) COMPLETE DATE
11 R (# fr or	nechanical, and plusere home shall be perating condition.  This Rule shall holities with the exhibites with the safety after condition. Fire the free from opening resist the spread of a fire. Penetration at the ceilings could actifity by allowing free exhibites on the exhibites of the exhibites of the exhibites of the exhibites with the exhibites of the fire resistant opening into the	d all fire safety, electrical, ambing equipment in an adult maintained in a safe and apply to new and existing ception of Paregraph (e) y to existing facilities.  If as evidenced by: ation there is a failure to systems in the facility in a resistant rated cellings must go and penetrations in order of fire and smoke in the event as or holes in fire resistant effect the occupants of the re and smoke to spread origin.  September 23, 2015:  Item of fire resistant rated in unsealed penetrations at not limited to the es cited below:  Room, Across from Dining anded pipe sleeve through it rated ceiling creating an	(C 189)	put fire barrier sealant in pipe		2/11/16
	a- Fire retardan	t foam has been installed s of the pipe sleeves.	a	foam has been removed and barrier sealant has been put i		2/11/16
	. Based on observ th Service Regulation	ation the facility is not				

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NAME OF PROVIDER OR SUPPLIER PHOENIX ASSISTED CARE  TARY POSSIBLE STREET ADDRESS, GITY, STATE, SIP CODE 201 WEST HIGH STREET CARY, NC 27513  (IC 189) REQUISION REQUIATORY OR LISE IDENTIFYING IMPORMATION)  (IC 189) Continued From page 3 Successful in maintaining all fire safely systems, equipment and devices in a safe condition. Failure to maintain fire safety avystems and equipment so they function as intended could hamper or delay evacuation of the facility and effect all occupants in the facility in the event of a fire.  A. Findings on February 10, 2018; 4. Kitchen area - There was no access panel to enable the duct smoke detector for the duct serving the kitchen area to be serviced and maintained.  5. Special Care unit - The staff persons responsible for evacuation did not have a key to operate the manual override for the magnetic look for the fence gate in the courtyerd.  Access panel installed in kitchen duct for service and maintain.  4. Access panel installed in kitchen duct for service and maintain.  5. Special Care unit - The staff persons responsible for evacuation did not have a key to operate the manual override for the magnetic look for the fence gate in the courtyerd.	AND PLAN OF CORRECTION		(X1) PROVIDER/80PPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
PHOENIX ASSISTED CARE 201 WEST HIGH STREET CARY, NO. 27513  PROPUBLY AND CONTROL OF DEPICIENCES AND CARE TO THE APPROPRIATE CARY, NO. 27513  PREFIX TAG (SLACH DEPICENCY MUST THE PROPED BY PELLINGES AND CARACTERS AND CARACTERS AND CONTROL OF THE APPROPRIATE CARY, NO. 27513  COntinued From page 3  Successful in maintaining all fire safety systems, and equipment and devices in a safe condition. Failure to maintain fire safety systems and equipment so they function as infended could hamper or delay evacuation of the facility and effect all occupants in the facility in the event of a fire.  A. Findings on February 10, 2016;  4. Kitchen area - There was no access panel to enable the duct smoke delector for the duct serving the kitchen area to be serviced and maintained.  5. Special Care unit - The staff persons responsible for evacuation did not have a key to operate the manual override for the angulate look for the fence gate in the courtyerd.  Access panel installed in kitchen duct for service and maintain  1. Access panel installed in kitchen duct for service and maintain  2/22/16  Installed key pad for magnetic looks on gates and staff has code to unlock gate			HAL092131	B. WING	1161.11			
PREFIX TAB  (C 189)  Continued From page 3 successful in maintaining all fire safety systems, equipment and devices in a safe condition. Failure to maintain fire safety systems and equipment to they function as intended could hamper or delay evacuation of the facility and effect all occupants in the facility in the event of a fire.  A. Findings on February 10, 2016;  4. Kitchen area - There was no access panel to enable the duct smoke detector for the duct evening the kitchen area to be serviced and maintained.  5. Special Care unit - The staff persons responsible for evacuation did not have a key to operate the manual override for the magnetic lock for the fence gate in the courtyard.  Access panel installed in kitchen duct for service and maintain.  Access panel installed in kitchen duct for service and maintain.  1. Special Care unit - The staff persons responsible for evacuation did not have a key to operate the manual override for the magnetic locks on gates and staff has code to unlock gate.			201 WES	FHIGH STR				
successful in maintaining all fire safety systems, equipment and devices in a safe condition. Failure to maintain fire safety systems and equipment so they function as intended could hamper or delay evacuation of the facility and effect all occupants in the facility in the event of a fire.  A. Findings on February 10, 2018;  4. Kitchen area - There was no access panel to enable the duct smoke detector for the duct serving the kitchen area to be serviced and maintained.  5. Special Care unit - The staff persons responsible for evacuation did not have a key to operate the manual override for the magnetic lock for the fence gate in the courtyard.  5. Special Care unit - The staff persons responsible for evacuation did not have a key to operate the manual override for the magnetic lock for the fence gate in the courtyard.  5. Special Care unit - The staff persons responsible for evacuation did not have a key to operate the manual override for the magnetic lock for the fence gate in the courtyard.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D RE	GOMPLETE DATE	
Division of Health Service Regulation		successful in maint equipment and deving a comment of the property of the property of the property of the duct sense of the courty of the co	sining all fire safety systems, ices in a safe condition, fire safety systems and function as intended could accustion of the facility and in the facility in the event of a February 10, 2016;  There was no access the duct smoke detector ving the kitchen area to it maintained.  unit - The staff persons evacuation did not have at the manual override for	4	in kitchen duct for service and maintain Installed key pad f magnetic locks on g and staff has code	led n or ates		

